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Bib Data Sheet

CONFIRMATION NO. 2023

<b>SERIAL NUMBER</b> 09/914,248	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P01.0292	
<b>APPLICANTS</b> Gunnar Magnusson, Arsta, SWEDEN; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/SE00/00203 02/01/2000 <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 9900682-7 02/25/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26574					
<b>TITLE</b> Implantable tissue stimulating device					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 914248	RECEIPT DATE:	08 / 24 / 01
IA NUMBER: PCT/	SE00 / 00203	IA FILING DATE:	02 / 01 / 00
FAMILY NAME:	MAGNUSSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	GUNNAR	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 25 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P01.0292	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	026574	TELEPHONE 3122585600
			FAX 3122585600
NAME:	SCHIFF HARDIN & WAITE		
STREET:	6600 SEARS TOWER		
	233 S WACKER DR		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	606066473
EMAIL:			
APPLICATION TITLES:			
	IMPLANTABLE TISSUE STIMULATING DEVICE		

TAB TO LAST POSITION,PUSH SEND